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State/Territory Name: Utah

State Plan Amendment (SPA) #: 20-0010

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: UT-20-0010 Approval Date: 08/07/2020 Effective Date: 07/01/2020

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

August 6, 2020

Nathan Checketts Medicaid Director Utah Department of Health P.O. Box 141000 Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

RE: Utah Transmittal Notice (TN) 20-0010

We have reviewed the proposed Utah State Plan Amendment (SPA) to Attachment 4.19-B, Utah TN#20-0010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 15, 2020. This State Plan Amendment updates the utilization trend for the outpatient hospital Upper Payment Limit (UPL) in State Fiscal Year 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 2. STATE: Utah
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR HEALTHCARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2020
5. TYPE OF PLAN MATERIAL (Check One)	
☐ NEW STATE PLAN ☐ AMENDMENT T	O BE CONSIDERED AS NEW PLAN 🖂 AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> \$+60,986
42 CFR 440.90	b. FFY 2021 \$+241,546
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 2f of ATTACHMENT 4.19-B	Page 2f of ATTACHMENT 4.19-B
	1 age 21 of All TACHINE IVE 4.10 B
10. SUBJECT OF AMENDMENT: Outpatient Hospital Supplementa	al Payments
This is a correction to TN# 20-0004 that was recently approved. The trend was incorrect on TN# 20-0004.	
11. GOVERNOR'S REVIEW (Check One): ☑ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTA	☐ OTHER, AS SPECIFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
	Craig Devashrayee, Manager
13. TYPED NAME: Joseph K. Miner, M.D.	Technical Writing Unit Utah Department of Heath
14. TITLE: Executive Director, Utah Department of Health	PO Box 143102
14. THEE. Excounte Bircotor, Stan Bopartment of Ficulti	Salt Lake City, UT 84114-3102
15. DATE SUBMITTED: July 15, 2020	
16.	
17. DATE RECEIVED:	18. DATE APPROVED:
	8/6/2020
FOR REGIONAL	USE ONLY
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
7/1/2020	
1/1/ZUZU	
21. TYPED NAME:	22. TITLE:
21. TYPED NAME: Todd McMillion	22. TITLE: Director, Division of Reimbursement Review

23. REMARKS

14. UPL Calculation Overview

For purposes of calculating the Medicaid outpatient hospital upper payment limits for hospitals, the state shall utilize hospital specific Medicare outpatient cost to charge ratios applied to Medicaid charges. The Medicaid upper payment limit for state hospitals and non-state government owned hospitals are independently calculated. Each Medicaid upper payment limit shall be offset by hospital Medicaid and other third party outpatient payments to determine the available spending room (i.e., the gap) applicable to each Medicaid upper payment limit. The base year utilized to determine each Medicaid upper payment limit shall be trended to the applicable spending year as follows:

- Inflation trend shall be an annual average calculated using the consumer price index available the December prior to the start of each state fiscal year for "Outpatient Hospital Services" as published by the U.S. Department of Labor, U.S. Bureau of Labor Statistics as compared to the previous December.
- Utilization trend shall be calculated using historical Utah Medicaid outpatient hospital services data. The utilization trend for State Fiscal Year 2021 shall be 3.8 percent.

Following is the data used to calculate the UPL for each state fiscal year:

Medicare Cost to Charge ratio:

- 2552-96: Costs are from Worksheet D, Part V, Columns 9, 9.01, 9.02, 9.03 line 104
- 2552-10: Costs are from Worksheet D, Part V, Columns 5, 6, and 7 line 202
- 2552-96: Charges are from Worksheet D, Part V, Columns 5, 5.01, 5.02, 5.03 line 104
- 2552-10: Charges are from Worksheet D, Part V, Columns 2, 3, 4 line 202

Note: As Medicare may amend the cost report structure from that noted above, corresponding Medicare Cost Report data will be used in place of the elements noted above.

The hospitals in the analysis have fiscal year ends during the state fiscal year Medicaid Charges and payments - Paid hospital outpatient claims from services in a recent period and as available at the time the calculation is made.

Costs for critical access hospitals shall be calculated at 101 percent of cost with any appropriate inflation and utilization added as noted above.

T.N. # <u>20-0010</u> Approval Date <u>8/6/20</u>

Supersedes T.N. # 20-0004 Effective Date 7-1-20